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FACSIMILE TRANSMISSION COVER SHEET

Date: December 21, 2005

To: United States Patent and Trademark Office
Examiner: Tran, Khanh C.; Art Unit: 2631

Fax: (571) 273-8300

Re: **Application Serial No.: 09/910,289**
Filing Date: 7/19/2001; First-Named Inventor: Petranovich
Attorney Docket No.: 01CON213P

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 20

Message:

Enclosed please find the Response to Non-Final Office Action dated October 3, 2005.

Also, enclosed please find the Declaration under 37 C.F.R. §1.131 and the Innovation Disclosure.

Thank you.

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Attorney Docket No.: 01CON213P

AMENDMENT COVER SHEETIN RE APPLICATION OF: Petranovich, et al.SERIAL NO.: 09/910,289 FILED: 7/19/2001FOR: Multiple Symbol Rate Burst Equalizer TrainingHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **23	* = 0	x 50	x 25	\$
INDEPENDENT	4	MINUS ***4	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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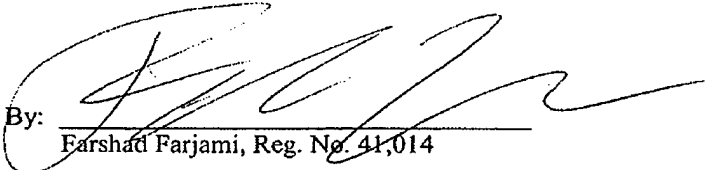
Attorney Docket No.: 01CON213P

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- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

12/21/05

By:

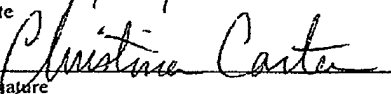

Farshad Farjami, Reg. No. 41,014CERTIFICATE OF FACSIMILE TRANSMISSION

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Signature



Name of Person Performing Facsimile Transmission

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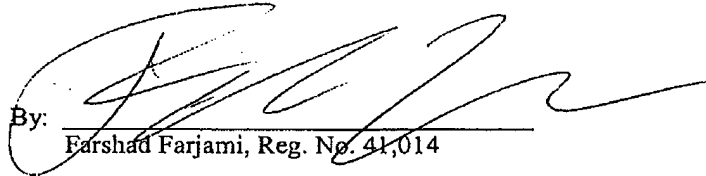
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Farshad Farjami, Reg. No. 41,014

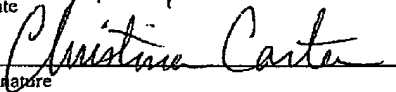
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Application Serial No.: 09/910,289
Attorney Docket No.: 01CON213P

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of: **JIM E. PETRANOVICH**

Art Unit: 2631

Serial No.: **09/910,289**

Examiner: Tran, Khanh C.

Filed: **July 19, 2001**

For: **MULTIPLE SYMBOL RATE BURST
EQUALIZER TRAINING**

RESPONSE TO NON-FINAL OFFICE ACTION

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Non-Final* Office Action, dated October 3, 2005, in the above-referenced patent application. Please consider the following remarks.